PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the

CUSTOMER NUMBER 22850					Fce(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. (Depositor's name)				
								(Signature)	
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR			ATTORNEY D	OCKET NO	CONFIRMATION NO.	
10/705,966 11/13/2003		Koji Suzuki			1		S2SRD	6728	
•	N: METHOD OF DRIVI	NG FLAT DISPLAY API	•	VING SYSTI	ЕМ				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV.	PAID ISSUE	FEE TOTA	L FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300		\$0		\$1700	07/09/2007	
EXAMINER		ART UNIT	CLASS-SUBCLASS						
SHAPIRO	, LEONID	2629	345-074000						
 Change of correspondence address or indication of "Fee Address" (3 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED 0 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE DATION (wint as the page)					elland, Maier	
PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI	less an assignee is ident th in 37 CFR 3.11. Comp	ified below, no assignce pletion of this form is NO	•	he patent. If an assignment CITY and STA		OUNTRY)	below, the do	ocument has been filed for	
Please check the appropr	riate assignee category or	categories (will not be pr	rinted on the patent):	🔲 Individ	ual 🖾 Cor	rporation or of	her private gro	oup entity Government	
4a. The following fee(s)	Ab. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit card. Transmitted via EFS-Web. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 15-0030 (enclose an extra copy of this form).								
	s SMALL ENTITY state	us. See 37 CFR 1.27.	☐ b. Applicant is no	longer claim	ning SMAL	L ENTITY sta	atus. See 37 CF	FR 1.27(g)(2).	
interest as shown by the	records of the United Sta	ites Patent and Trademark	d from anyone other the Office.	an the applic	ant; a regis	tered attorney	or agent; or th	e assignee or other party in	
Authorized Signature	posph Sca	fetta p.		Date	e	JL	JN 262	007	
Typed or printed name // Joseph Scafetta, Jr.				Registration No. Reg. No. 26,803					
an application. Confiden	itiality is governed by 35	U.S.C. 122 and 37 CFR	1.14. This collection is	s estimated to	otake 12 📆	inutes to com	plete, includin	by the USPTO to process) g gathering, preparing, and ne you require to complete	

Thi an submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.